

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

Authority granted under P.A. 388 of 1976

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@ DEC -2 PM 1:05

CANDIDATE COMMITTEE COVER PAGE

| COVER PAGE | TOUR FARAUG | FOR OFFICIAL USE ONLY | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate. | 3. This Statement | | | | |
| 1. Committee I.D. Number 2. Committee Name CTE Darrin York | | IC Darring Including District # or Community Served (If applicable) Son Township Treasurer | | | |
| 5. Committee's Mailing Address 38964 N. Pointe Head Code and Phone If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official. | Mary5 3896 | me & Residential Address Fear Port 4 N. Pointe Play- Harrison Tup, My me 686,461-6004 | | | |
| 7. Treasurer's Business Address | 8. Designated Record | ord keeper's Name and Mailing Address (If the committee has a d keeper) | | | |
| Harrison Two, Mr. Area Code and Phone () 48045 | Area Code and Ph | one <u>(</u> | | | |
| 9. TYPE OF STATEMENT | | 9c. Annual Statement (Coverage Year) | | | |
| 9a. Pre-Election OR 9b. Pos Pre-Election or Post-Election Statement relates to: Primary | | 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. ☐ Dissolution of Candidate Committee | | | |
| ☐ Convention ☐ Sch | ool | Effective Date of Dissolution | | | |
| ☐ Special ☐ Caucus Date of Election, Convention or Caucus // Z Zoo4 Month Day Year | | Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page. | | | |
| A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived. | | | | | |
| 10. Verification: INWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete. Current Treasurer or Designated Record keeper Many Ran Vork Type or Print Name Candidate Date Date Mo Day Year Signature Date No Day Year | | | | | |



| 1. Committee I.D. Nun | nber <u>\</u> 3 | 574 | γ | | | |
|-----------------------|-----------------|-----|----------|----------|----|---|
| 2 Committee Name | CTE | | C() () | γ | ~k | _ |

SUMMARY PAGE CANDIDATE COMMITTEE

| Column I This Period S NOT APPLICABLE S C (18.) \$ 680 (19.) \$ 390 6 76 (20.) \$ 5586 76 (21.) \$ (22.) \$ |
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MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

SCHEDULE 1B CANDIDATE COMMITTEE

| 1. Committee I. D. Number | <u> </u> | |
|---------------------------|----------|------|
| 2. Committee Name | | |

| Name and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you | 5. Date | 6. Amount |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------|---------|-----------|
| - D. 0A | may assign an Expenditure Code) | 1 | 1 |
| Expenditure #1 | | | |
| Name (FINES SUR | Purpose: Candida be forum | | My W |
| Address 3740 Sellerson Harrison Township, M. | | | JUV |
| Harrison Township, M, | Check box if this expenditure is payment of | | |
| Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #2 | | | |
| Name | Purpose: | | |
| Address | | | |
| | Check box if this expenditure is payment of | | |
| ☐ Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #3 | | | |
| Name | Purpose: | | |
| Address | | | |
| | Check box if this expenditure is payment of | | |
| ☐ Fund Raiser | debt or obligation reported on previous statement | | |
| Expenditure #4 | | | |
| Name | Purpose: | | |
| | | | |
| Address | Check box if this expenditure is payment of | | |
| | Check box if this expenditure is payment of debt or obligation reported on previous | | |
| Fund Raiser | statement | | |
| Expenditure #5 | | | |
| Name | Purpose: | | |
| Address | | | |
| Fund Raiser | Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| | Subtotal this Grand Total of all Schedt (Complete on last page of Sc | ules 1B | |
| | | · | i i |

Enter this total on line 8a of Summary Page

Page _____ of ____



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS SCHEDULE 1E

1. (

| 1. Committee I.D. Nu | mber <u> </u> | <u>5/</u> | 1 / |
|----------------------|---------------|-----------|------|
| 2. Committee Name | Darr | ` لم. ` | York |

| CANDIDATE COMMITTEE | | | | |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------|---------------------------------------|------------------------------------------------------|
| This Schedule itemizes: | | | | |
| a. Γ Debts and obligations owed <u>by</u> or forgiven the co | ommittee OR b. Γ De | ebts and obligations owed to | or forgiven by the | committee. |
| | ck either a or b. Use only for the p | urpose checked.) | | |
| Name and Mailing Address of person, vendor or financial institution to whom debt is owed. | 4. Type of Obligation (Indicate type and you may assign an expenditure code) | Date and amount of each payment | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period |
| Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please | Indicate date debt was incurred | | date on debt | (Item 6 minus |
| provide information regarding the endorsers or guarantors, if any. | Indicate original amount of debt | | | |
| Debt #1 Corp? Yes | 4. Type: <u>Loc</u> ~ | _ / / \$ | | |
| Darrin Tork | 5. Date Debt Was Incurred: | | | |
| 38964 N. Pointe | 6. Original Amount of Debt: | | | :2500 |
| Harrison Twp, M; | \$ 75W ^Q | | \$ | |
| | | //s | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Am | i ount Endorsed: \$ | l |
| Debt #2 Corp? Yes Owed to or by: | 4. Type: 4. | _ / / \$ | | |
| Darring York | 5. <u>Date Debt Was Incurred</u> : | | | |
| 38964 N. Pointe | 6. Original Amount of Debt: | _ / / \$ | | <0° |
| Harrison Imp, M. | \$ 50 ® | /\$ | \$ | |
| If bank loan, name of endorser or guarantor: | | | | FORGIVEN |
| Debt #3 Corp? Yes | | Am | ount Endorsed: \$_ | |
| Owed to or by: | 4. Type: (| | ; | |
| Deron Tak | 5. Date Debt Was Incurred: | | | |
| 38964 N. Pointe | 6. Original Amount of Debt: | /\$ | | 740 |
| HarrisonTrp, Mi | \$ 740° | / / \$ | | 7.19 |
| | | | | FORGIVEN |
| If bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$_ | |
| | | Page Subtotal (Outsta | anding debt) | 329076 |
| (Complet | te on last page of Schedule showir | Grand Total of all Sc | hedules 1E e committee) | <u></u> |
| | | | | Enter this total |
| | | | | on line 12a "owed by"" or |

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number 13 79 79

2. Committee Name CTE Dorring Park

CANDIDATE COMMITTEE

| CANDIDATE COMMITTEE | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------|--|
| This Schedule itemizes: | | | | | |
| a. Γ Debts and obligations owed \underline{by} or forgiven the committee OR b. Γ Debts and obligations owed \underline{to} or forgiven \underline{by} the committee. (Check either a or b. Use only for the purpose checked.) | | | | | |
| 3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or quarantors, if any. | 4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt | 7. Date and amount of each payment | Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) | |
| Debt #1 Corp? Yes Owed to or by: | 4. Type: | | | | |
| Darrin York | | /\$ | | - | |
| 1789GY N. Pune Herrison Tup, M. | 5. Date Debt Was Incurred: 6. Original Amount of Debt: | | \$ | \$ 66 | |
| | 1016 | 1 1 2 | | FORGIVEN | |
| If bank loan, name of endorser or guarantor: | | Am | ount Endorsed: \$ | <u> </u> | |
| | | 1 | | | |
| Debt #2 Corp? Yes Owed to or by: Darrin York 38964 N. Painte Harrisan Tup, M. | 4. Type: A superior of Debt: | | \$ | <u>Son</u> | |
| · | | | | FORGIVEN | |
| If bank loan, name of endorser or guarantor: | 1 | An | ount Endorsed: \$ | ' | |
| Debt #3 Corp? Yes Owed to or by: | 4. Type: | _/ | | | |
| | 5. Date Debt Was Incurred: | | | | |
| | 6. Original Amount of Debt: | | | | |
| | \$ | | | | |
| | | / / \$ | | FORGIVEN | |
| If bank loan, name of endorser or guarantor: | If bank loan, name of endorser or guarantor: Amount Endorsed: \$ | | | | |
| | | Page Subtotal (Outs | tanding debt) | 316ª | |
| Grand Total of all Schedules 1E | | | | 0.10 | |
| (Complete on last page of Schedule showing amounts owed by or to the committee) | | | | | |

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 2 of 2

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page